METH: AN UNPRECEDENTED EPIDEMIC, THE NATION'S #1 DRUG PROBLEM

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http://reform.house.gov/CJDPHR/

Key Facts on Methamphetamine

Demanding Nationwide Attention

58% of 500 county law enforcement agencies in 45 states nationwide reported that methamphetamine is the largest problem in their county. Meth was followed by cocaine (19%), marijuana (17%), or heroin (3%) in being named as the number one drug problem in the county.[1]

50% of 500 counties estimated that 1 in 5 of their current jail inmates were housed because of meth related crimes.[2]

There are thousands of small, toxic labs (STL's), otherwise known as "mom and pop" labs, across the United States: more than 7,700 domestic small-scale labs with capacities under ten pounds in 2001,[3] and possibly as many as 16,000 labs in 2004.[4] (See pg. 10)

Employers through the country who do drug screenings saw a 44 percent increase in positives for amphetamines, the category of drugs that includes methamphetamines. Amphetamines now account for about 9.3 percent of all positive tests, more than double the rate in 1999. July 23, 2004, AP article.[5]

According to the 2003 National Survey on Drug Use and Health 12.3 million Americans had tried methamphetamine at least once – up nearly 40% over 2000 and 156% over 1996.[6]

In 2004 "an estimated 1.3 million Americans regularly smoked, snorted or injected the drug."[7]

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[1] "The Meth Epidemic in America," *National Association of Counites*, July 5, 2005.
[2] Id.
[3] See http://www.usdoj.gov/dea/concern/drug_traffickingp.html (last visited August 31, 2005).
[4] Id.
[5] "Drug Tests Say Meth Use is Surging," *Associated Press*, July 23, 2004; See http://www.cbsnews.com/stories/2004/07/23/health/main631516.shtml (last visited August 30, 2005).
[6] Knickerbocker, Brad, "Meth's Rising U.S. Impact," *Christian Science Monitor*, July 17, 2005.
[7] Suo, Steve, "Lobbyists and Loopholes," *The Oregonian*, October 4, 2004.

"Methamphetamine is undeniably a uniquely destructive drug."
Scott Burns, Deputy Director for State and Local Affairs, White House Office of National Drug Control Policy.[8]

Growing Impact on States

"In Virginia, the number of lab seizures jumped from 8 in 1999 to 73 in 2004. In South Carolina, they surged from 7 in 1999 to 154 in 2004. New York reported just 1 in 1999 but 28 in 2004."[9] (See pg. 13)

In Indiana, the seizure of meth labs has jumped from 150 in 1999 to more than 1,000 in 2004, only five years later.[10]

40.3 percent of men jailed in Honolulu tested positive for methamphetamine in 2003.[11]

In Multnomah County, home of Portland, Oregon, the costs of property crimes, fires, incremental foster care, meth lab clean-ups, and HIV/AIDS and hepatitis-C infection healthcare costs totaled over $102.3 million in 2004. At $363 per household, it was more than the average 2004 Multnomah County income tax. This estimation excludes all substantial costs incurred in treatment, education, law enforcement, adjudication, and incarceration in response to meth abuse.[12]

Toxic Waste Clean-up

For each pound of meth produced, 5 to 6 pounds of hazardous waste are generated, posing immediate and long-term environmental health risks.[13] (See pg. 14)

When a meth lab is seized the clean up requires special training and costs between $3,100 and $150,000, depending on the size.[14]

The average cost to clean a meth lab is estimated to range from $1,500 to $3,000, with some clean-ups exceeding $200,000.[15]

Just in FY-2004, the DEA administered 10,061 state and local clandestine laboratory clean-ups at a cost of $18.6 million.[16]

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[8] See http://reform.house.gov/CJDPHR/ (last visited September 8, 2005); Testimony of Scott M. Burns, Deputy Director for State and Local Affairs, Office of National Drug Control Policy, on July 26, 2005, at Subcommittee on Criminal Justice, Drug Policy and Human Resources hearing entitled: "Fighting Meth in America's Heartland: Assessing the Impact on Local Law Enforcement and Child Welfare Services."
[9] Bivins, Larry and Brogan, Pamela, "Meth Epidemic Advances on Northeast," *Gannett News Service*, August 18, 2005.
[10] "Girls Murder Amplifies Drug War," *CBS*, March 3, 2005; See http://www.cbsnews.com/stories/2005/03/03/earlyshow/main677716.shtml (last visited August 30, 2005).
[11] "Arrestee Drug Abuse Monitoring (ADAM) Program, 2004" National Institute of Justice.
[12] Whelan, Robert, and Boggess, Sam, "The Multnomah County Tax," *ECONorthwest*, April 23, 2005; See http://www.econw.com/pdf/FINALMethTax.pdf (last visited August 30, 2005).
[13] See http://www.drugfree.org/Portal/DrugIssue/Meth/meth_affects_community.html (last visited September 1, 2005).
[14] *Congressional Caucus to Fight and Control Methamphetamine*; See http://www.house.gov/larsen/meth/stats.htm (last visited September 8, 2005).
[15] United States Drug Enforcement Administration. "DEA Cracks Down on Meth Manufacturing With 'Operation Sanctioned Sins," January 7, 2005. Available at http://www.usdoj.gov/dea/pubs/states/newsrel/seattle010705p.html (last visited August 31, 2005).
[16] Id.

Child Abuse Resulting from Meth Abuse

40% of all child welfare officials from more than 300 counties in 13 states report increased out of home placements because of meth in the last year.[17] (See pg. 8)

Approximately 3,000 children were found during meth lab seizures in 2003.[18]

From 1995 to 2002, methamphetamine related emergency room visits involving patients age 6 to 17 increased 88 percent (from 2,338 to 4,394).[19]

"In San Diego, my home county, Drug Endangered Children teams have taken more than 400 children into protective custody in the past 12 months. Significantly, more than 95 percent of these children came from environments where there was methamphetamine use and trafficking but where manufacturing was not occurring. Approximately 1 in 10 of these children tested positive for methamphetamine and of those the children ages 0-6 were twice as likely to test positive for methamphetamine as children aged 7-14."[20]

"Meth plays a role in roughly half the serious child-abuse cases in my 16-county region - 720 of 1,469 active, long-term cases. If that ratio applied statewide, Iowa would be experiencing more than 6,000 meth-related child abuse cases per year." According to Carol Gutchewsky, a regional supervisor of Iowa social workers.[21]

Introduction

The initial sections focus on issues relating to methamphetamine abuse: basic facts on meth, the reasons for its addictive nature, the pragmatic consequences of abuse, its physical and psychological impact, and the community hazards, and threat to children in the yet unseen family paradigm of abuse. Next, the focus centers on the unprecedented dilemma that has continually grown as a consequence of the secondary effects of neighborhood lab production, the substantial cost of hazardous material clean-ups, and the lack of a comprehensive, forward looking national strategy.

What is Methamphetamine?

Methamphetamine, commonly referred to as "meth", is among the most powerful and dangerous stimulants available. Street methamphetamine is referred to by many names, such as "speed," "meth," and "chalk."[22] Methamphetamine, a derivative of amphetamine, is a powerful stimulant that affects the central nervous system.

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[17] "The Meth Epidemic in America," *National Association of Counties*, July 5, 2005.
[18] "National Synthetic Drugs Action Plan" White House Office of National Drug Control Policy, October 2004.
[19] "Amphetamine and Methamphetamine Emergency Department Visits," *The DAWN Report*, July 2004.
[20] Statement of Laura Birkmeyer Chair, National Alliance for Drug Endangered Children, Director, National Methamphetamine Chemicals Initiative, Executive Assistant U.S. Attorney, Southern District of California, U.S. Department of Justice, on July 26, 2005, at Subcommittee on Criminal Justice, Drug Policy and Human Resources hearing entitled: "Fighting Meth in America's Heartland: Assessing the Impact on Local Law Enforcement and Child Welfare Services."
[21] Crary, David, "Kids Suffer from Parent's Meth Addiction," *Billings Gazette*, March 28, 2005.
[22] See http://www.nida.nih.gov/Infofacts/methamphetamine.html (last visited August 23, 2005).

Methamphetamine, as an abused illegal substance, can be smoked, snorted, orally ingested, or injected. In powder form meth resembles granulated crystals and in a rock form it is known as "ice."

Distinct Ways of Using Meth and the Corresponding Highs

Immediately after smoking or intravenous injection, the methamphetamine user experiences an intense sensation, called a "rush" or "flash," that lasts only a few minutes and is both extremely pleasurable and psychologically addictive. The intense rush and high experienced from methamphetamine results from the release of high levels of dopamine into the section of the brain that controls the feeling of pleasure.

Oral or intranasal use produces euphoric high, but not the rush brought on by smoking or injection. This type of ingestion is common among lower intensity abusers, and serves as a gateway to methamphetamine addiction.

Chronic use of methamphetamine can result in a tolerance for the drug. Consequently, users may try to intensify the desired effects by taking higher doses of the drug, taking it more frequently, or changing their method of ingestion. Some users, while refraining from eating and sleeping, will binge on methamphetamine. During these binges, users will inject as much as a gram of methamphetamine every 2 to 3 hours over several days until they run out of the drug or are too dazed to continue use.

How does a person fall into Methamphetamine addiction?

Since meth produces feelings of euphoria, increases energy, and reduces appetite. Thus, the drug is especially alluring to those who need to stay alert on the job or at school or who are trying to lose weight. Another reason for meth's popularity is its ability to enhance a person's sex drive, although chronic use eventually destroys it.[23]

After the initial rush of intense feelings, users are prone to become highly agitated and nervous, which can lead to violent behaviors. Because the effects of meth are usually pleasurable at first, many users wish to repeat the experience, which is the beginning of a cycle of psychological addiction.

Tolerance to methamphetamine develops rapidly, causing users to quickly escalate the doses used in order to experience the high desired. Commonly, over a short period of time, users will arrive to a level of addiction demanding several days of long, sleepless binges. Binges can last for a week or more, and end with sudden crashes with the user collapsing from exhaustion, sleeping for as long as a several days in a row.

After a binge the user returns to reality with an onslaught of severe depression. In order to gain relief from the depression, users desperately seek a new binge that will return them to the euphoric, yet increasingly elusive and devastating, meth high.

Pragmatic Consequences of Meth Abuse

[23] Poovey, B. "Sex Appeal Part of Meth's Charm," *Associated Press*, October 24, 2004.

"Methamphetamine suddenly becomes this thing in their life that they can't do without," said Det. Cpl. Jake Grellner, Franklin County, Missouri.[24] "They can do without the hamster and the dog and the cat and the kids and the wife and the cars and the house and the job. But they can't do without meth, and they live each day to get enough stuff, to manufacture the next batch, so they can get high again. … It's that addictive, that bad."[25]

Amidst the cycle of binging, collapsing, and awakening deeply depressed, meth makes users more accident prone, more easily confused, and significantly reduces their ability to work constructively and safely. Consequently, maintaining gainful employment becomes difficult to impossible, children are neglected and abused physically and sexually, and homes fall into disrepair and filth. All these consequences result from psychological methamphetamine addiction.

Alarmingly High Correlation between Meth Use and Crime

Graphic location: http://www.chpa-info.org/web/advocacy/federal_advocacy/CQ_Press_Meth.pdf.

Physical Impact of Methamphetamine

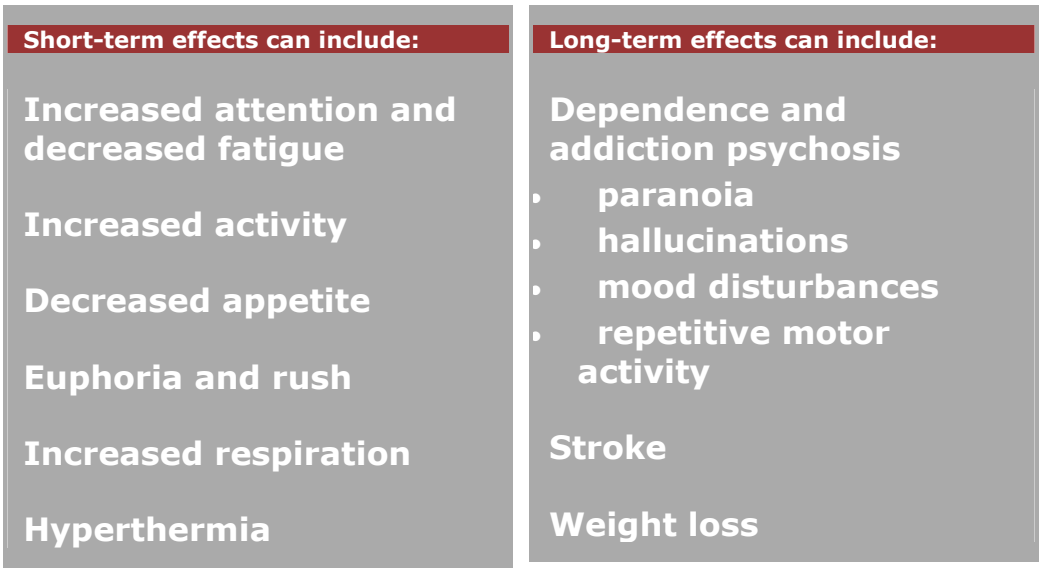
[24] "Cold Meds: A Rural Drug Epidemic," *CBS*, March 2, 2005; See http://www.cbsnews.com/stories/2005/03/01/60II/main677228.shtml (last visited August 30, 2005).
[25] Id.

Smoking meth produces a high that lasts 8-24 hours compared to a 20-30 minute high produced by smoking cocaine.[26]

50% of meth remains in the body 12 hours after use compared to 50% of cocaine remaining in the body after only 1 hour.[27]

Snorting methamphetamine affects the user in approximately 3 to 5 minutes, whereas oral ingestion takes about 15 to 20 minutes for the user to feel the effects.[28]

Side effects most commonly associated with meth abuse include convulsions, dangerously high body temperature, stroke, cardiac arrhythmia, stomach cramps, and shaking.[29]



Found at http://www.nida.nih.gov/ResearchReports/methamph/methamph3.html#short.

Methamphetamine releases high levels of the neurotransmitter dopamine, which stimulates brain cells, enhancing mood and body movement. It also appears to have a neurotoxic effect, damaging brain cells that contain dopamine as well as serotonin, another neurotransmitter. Methamphetamine use, therefore, increases energy and alertness and decreases appetite.

The central nervous system (CNS) damage that results from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other effects consequent from CNS damage include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness.

Methamphetamine also causes increased heart rate and blood pressure that can result in irreversible damage to blood vessels in the brain, producing strokes. Over time,

[26] See http://www.methamphetamineaddiction.com/methamphetamine_meth.html (last visited August 23, 2005).
[27] Id.
[28] See http://www.whitehousedrugpolicy.gov/publications/factsht/methamph/ (last visited August 23, 2005).

[29] Id.

methamphetamine appears to cause reduced levels of natural dopamine production, which can result in symptoms like those of Parkinson's disease, a severe movement disorder. Other long term effects of methamphetamine include respiratory problems, irregular heartbeat, and extreme anorexia. If abused regularly its use can even result in cardiovascular collapse and death.

Psychological Impact of Methamphetamine

Regular methamphetamine abuse frequently leads to psychotic behavior including intense paranoia, visual and auditory hallucinations, and out-of-control rages that can result in violent episodes. Users can display a number of psychotic features, including paranoia that results in suicidal thoughts, auditory hallucinations, mood disturbances, and delusions. Addicted users at times develop sores on their bodies from scratching at "crank bugs," which describes the common delusion that bugs are crawling under the skin. The shocking results of this delusion to the user's appearance provides a symbolic, poignant example of the overall, ravaging effects of meth abuse as testified to by a former meth user from Pacific Beach:

> It's like selling your soul to the devil. When I was high, I felt alive for the first time in my life. While I was using, I thought nothing could touch me. I was beautiful and perfect in my meth world. In the real world, my body was rotting from the inside out.[30]

Once a cessation of methamphetamine use takes place several withdrawal symptoms commonly arise. These symptoms include severe depression, anxiety, fatigue, paranoia, aggression, and an intense craving for the drug. Psychotic symptoms can sometimes persist for months or years after use has ceased.[31]

Treatment of Methamphetamine Addiction

At this time the most effective treatments for methamphetamine addiction are cognitive behavioral interventions. Because traditional treatment models are not effective for meth addiction, meth-specific treatment programs have been developed. The cognitive-behavioral therapy approach, which focuses on one's thought processes and how they impact one's feelings and actions, helps patients identify and plan for the triggers associated with substance abuse. This approach prepares the addict for life-long recovery.

A critical consideration in meth treatment is something known as the "wall." Around 45 to 120 days into treatment, recovering addicts experience physiological changes that often lead to a return to meth use. This period of increased depression and apparent need for the drug is the single, most significant contributor to the false perception that meth addiction is "untreatable."

Although recovering from meth addiction is challenging, it is not impossible. For meth treatment to be successful, though, it must meet the demands of meth addiction. Research shows that recovering meth addicts require a longer and more intense outpatient program than is the case for many other drugs. These outpatient services should be very structured and include frequent contact between the treatment provider and the recovering addict.

The goal of treatment is to teach the addict new skills that will help him or her cope with drug cravings and prevent relapses. Often, the process will begin with a short series of "pre-treatment"

[30] See http://www.no2meth.org/dangers.html (last visited August 29, 2005).
[31] See http://www.whitehousedrugpolicy.gov/publications/factsht/methamph/ (last visited August 23, 2005).

sessions used to motivate the user to commit to treatment and to assess the user's drug history, mental status, current drug usage, and relationships with significant others. These sessions progress according to the interest and commitment of the addict, as does the ensuing treatment.

Meth treatment involves both individual and small group approaches. Addicts talk about their experiences and are walked through a variety of exercises and worksheets designed to further their recovery by increasing self-awareness. It is extremely important that the user understand his or her addiction and identify the "triggers" that may cause his or her drug use. Once common triggers are identified, the user can determine ways of avoiding high-risk trigger situations and learn new ways of coping with them.

Treatment also addresses other medical or mental health issues facing the user, including education on the risks of HIV/AIDS associated with meth use. Treatment is ended when the recovering addict reaches set treatment goals. To facilitate the recovering addict's continued abstinence from meth, treatment professionals help the recovering addict set up a system of support to help him or her stay drug-free after treatment. Often, this includes lifetime involvement in support groups or twelve-step programs.

There are currently no particular pharmacological treatments for dependence on amphetamine or amphetamine-like drugs such as methamphetamine. The current pharmacological approach is borrowed from experience with treatment of cocaine dependence. Sadly, this approach has not met with much success since no single agent has proven efficacious in controlled clinical studies. However, antidepressant medications are helpful in combating the depressive symptoms frequently seen in methamphetamine users who recently have become abstinent.

Child Neglect, Abuse, and Exposure to Toxic Chemical Waste

"About 30 - 35% of meth labs seized are in residences where children live. Children are at an increased risk in a meth lab environment because of their physiologic status (higher rates of growth, metabolism, respiration, and development) and their behaviors (hand-to-mouth behaviors and increased contact with their physical environment). At least two reports have demonstrated that 35 - 70% of children removed from labs have a urine drug screen that is positive for methamphetamine at the time of removal from the home."[32]

"An infant's or a child's brain gets hijacked by the drug."[33]

Fetal exposure to methamphetamine also is a significant problem. At present, research indicates that methamphetamine abuse during pregnancy may result in prenatal complications, increased rates of premature delivery, and altered neonatal behavioral patterns, such as abnormal reflexes and extreme irritability.[34] Methamphetamine abuse during pregnancy may be linked also to congenital deformities.[35]

One of the emerging, systemic problems with the child welfare response to meth is the new abuse paradigm meth creates within the family. Meth abuse does not follow the typical paradigm of a single user within an enabling family that is often in denial or attempting to confront the

[32] See http://www.mappsd.org/meth_child_abuse__wells.htm (last visited September 15, 2005).
[33] "Meth's Toll on Midwest Kids," *Associated Press*, March 28, 2005; See http://www.cbsnews.com/stories/2005/03/28/health/main683585.shtml (last visited August 30, 2005).
[34] See http://www.nida.nih.gov/ResearchReports/methamph/methamph4.html (last visited September 26, 2005).
[35] Id.

individual. Instead, meth abuse most commonly occurs as a family affair in which both parents are abusing. "I am here to tell you about the worst form of child endangerment that I have ever seen. It's what happens when methamphetamine takes over a family's life and threatens to destroy everything – especially the children who have the misfortune of living beneath the same roof as their drug-addicted parents."[36]

This reality exponentially aggravates the difficulties with attempting to reconcile neglected and abused children with their parents. Since most child welfare programs are tailored to dealing with individual abuse it is becoming increasingly clear that new treatment and reconciliation models need to be developed in response to meth.

Safety Hazards of Production

The danger to children becomes obvious when a methamphetamine lab explodes, killing or injuring a child. Moreover, chemical burns and exposure to hazardous chemicals and deadly gases represent some of the more insidious and overlooked injuries caused by living in a methamphetamine lab environment. For example, authorities have found babies crawling on carpets where toxic chemicals used to make methamphetamine have spilled. They have seen children cooking their own meals in the same microwave ovens that their parents used to produce methamphetamine.

Also, they have discovered chemicals used in methamphetamine production stored in open or improperly sealed containers in areas where children played. These chemicals emit hazardous fumes toxic enough to burn lungs; damage the brain, kidneys, and liver; or even kill these children. In a recent case, two boys received second-degree chemical burns on their arms when they fell off their bikes onto a patch of dirt in their backyard. Police officers discovered that their parents had dumped leftover waste from their methamphetamine production in the yard.

It is very important to note the safety hazards that exist from these labs being potentially established anywhere: in barns, garages and other outbuildings; back rooms of businesses; apartments; hotel and motel rooms; storage facilities; vacant buildings; trailer homes; residential homes; residential sheds; and vehicles. Simply put, all that is needed is any physical structure with a small, empty space.

The increasing spread of meth abuse has put serious strains on local child welfare systems and structures. Therefore, in many instances, children return time and again to the same unsafe, unstable homes because of the lack of available intervention resources. Further, deeply frustrated in their attempts to place children in a safe environment, police officers are distracted from their focus on their primary missions of gathering evidence, putting offenders in jail, and preparing meth cases for prosecution. Both kids and officers get caught in the middle of parental drug use and profiteering.

This dimension of the meth epidemic should be seriously considered in order to find ways to properly protect its most innocent victims. The available options do not always provide these children with the safest alternatives.

How is Methamphetamine produced?

[36] Statement of Betsy Dunn, Child Protection Services, Tennessee Department of Children's Services,

Methamphetamine production most commonly occurs in:

a) Illegal "super labs" which have a high potential for abuse and addiction

b) Neighborhood "mom and pop" labs that create a tremendous local burden.

Super Lab Meth Production

Mexican criminal groups appear to be producing greater quantities of methamphetamine in Mexico for distribution in the United States because they have greater access in Mexico to bulk quantities of precursor chemicals, particularly pseudoephedrine. Law enforcement reporting further indicates that many of the laboratories established during the past two years in Mexico are capable of producing multihundred-pound quantities of methamphetamine per production cycle. By comparison, domestic data indicates that the largest reported methamphetamine laboratory seized in the United States in 2003 was only capable of producing 50 pounds per production cycle.[37]

Methamphetamine production appears to have increased sharply in Mexico since 2002. Due to the successes of the DEA investigations between 2002 and 2003, U.S. importation of bulk pseudoephedrine from Canada dramatically dropped and the U.S. price of bulk pseudoephedrine more than doubled. These enforcement successes at the Northern border have forced traffickers to import pseudoephedrine from Hong Kong into Mexico, increasing methamphetamine manufacturing and smuggling of finished methamphetamine from Mexico into the U.S. across the Southwest Border.

According to DEA, Mexican criminal groups, particularly those based in Colima, Michoacán, Jalisco, and Nayarit, have increased the number and size of methamphetamine laboratories they operate in Mexico.[38] Supporting the assertion of increased methamphetamine production in Mexico is an increase in the amount of methamphetamine seized in Mexico and at land "ports of entry" (POEs) along the Southwest Border. Data from the International Narcotics Control Strategy Report (INCSR) indicates that the amount of methamphetamine reported seized in Mexico increased from 400 kilograms in 2001, to 457 kilograms in 2002, and 652 kilograms in 2003.[39] Furthermore, 2003 data shows that the amount of methamphetamine seized along the Southwest Border increased from 1,130 kilograms in 2002, to 1,733 kilograms in 2003, and 1,168 kilograms through July 2004.[40]

Neighborhood "Mom and Pop" Labs

The initiation of a neighborhood lab is unfortunately available to almost anyone. There are literally thousands of recipes and information about making meth on the Internet. In addition, with an investment of only a few hundred dollars in over-the-counter medications and commercially available household chemicals thousands of dollars worth of methamphetamine can be produced.

"Unlike heroin and cocaine, which is produced in foreign countries, everything you would need to make methamphetamine is available right here in Clinton County. *Within a half a mile of*

[37] See http://www.usdoj.gov/ndic/pubs11/12620/meth.htm (last visited August 31, 2005).
[38] Id.
[39] Id.
[40] Id.

where we sit, we could find everything we need to start a lab, make enough meth to get high and enough to sell to make some money to make another batch."[41]

Precursors and Other Ingredients

Precursors are substances that, in nature, might be inactive. However, when subjected to chemical processes such precursors result is a new product. Methamphetamine starts with an inactive or marginally-inactive compound (ephedrine or pseudoephedrine). After the addition of other chemicals the illegal drug, methamphetamine, is produced.[42]

The basic chemical precursors necessary for producing meth are readily found in over-the-counter cold and asthma medications containing ephedrine or pseudoephedrine.

Other ingredients utilized in the process of deriving meth from these over-the-counter drugs are red phosphorous, anhydrous ammonia, hydrochloric acid, drain cleaner, battery acid, lye, lantern fuel, and antifreeze.

Anhydrous Ammonia

Anhydrous ammonia is a chemical which is used as an agricultural fertilizer and an industrial refrigerant. However, it is also used in the illicit manufacture of methamphetamine. Anhydrous ammonia is stored as a compressed liquid and becomes gas when released. According to an EPA alert, the chemical costs as little as 200 dollars per ton for agricultural purposes but can sell for as much as 300 dollars per gallon on the black market. The physical side effects of anhydrous ammonia gas inhalation range from lung irritation to severe respiratory injuries, which is fatal at higher concentrations. Theft of anhydrous ammonia continues to be a serious problem in many agricultural communities:

> In 2004, a large discharge of anhydrous ammonia at the fertilizer storage area in Pleasant Plain, Ohio, required law enforcement and fire personnel to evacuate the entire town early one morning. The release of this dangerous farm chemical was the direct result of methamphetamine manufacturers attempting to steal the product from large tanks containing thousands of gallons of anhydrous ammonia. Only luck, and good weather conditions prevented many residents from becoming ill from inhaling the fumes.[43]

A prototype program, "Meth Watch" is sponsored by the Consumer Healthcare Products Association (CHPA) and is designed to help curtail the theft and suspicious sales of pseudoephedrine products, as well as other common household products used in the illicit manufacturing of methamphetamine in small, toxic labs.[44]

Household Materials Used in Meth Manufacturing

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[41] Testimony of Randy Riley, Clinton County Commissioner, on August 23, 2005, at Subcommittee on Criminal Justice, Drug Policy and Human Resources hearing entitled: "Law Enforcement and the Fight Against Methamphetamine: Improving Federal, State, and Local Efforts."
[42] See http://www.kci.org/meth_info/faq_meth.htm (last visited August 23, 2005).
[43] Statement of Cdr. John J. Burke, Warren County Drug Task Force, on August 18, 2005, at Subcommittee on Criminal Justice, Drug Policy and Human Resources hearing entitled: "Law Enforcement and the Fight Against Methamphetamine: Improving Federal, State, and Local Efforts."
[44] See http://www.methwatch.com/index.aspx (last visited September 12, 2005).

Many of the chemicals can be found in common household items such as lantern fuel, cleaners, acetone, muriatic acid, and diet pills.[45]

Chemicals

- Ephedrine (Cold Tablets)
- Pseudoephedrine (Cold Tablets)
- Acetone (Active Ingredient in Nail Polish)
- Alcohol (Isopropyl or Rubbing)
- Toluene (Brake Cleaner)
- Ether (Engine Starter)
- Sulfuric Acid (Drain Cleaner)
- Methanol/Alcohol (Gasoline Additives)
- Salt (Table/Rock)
- Lithium (Batteries)
- Anhydrous Ammonia (Farm Fertilizer)
- Sodium Hydroxide (Lye)
- Red Phosphorus (Matches/Road Flares)
- Muriatic Acid (Masonry Cleaner)
- Iodine (Teat Dip or Flakes/Crystal)
- Trichloroethane (Dun Scrubber)
- Sodium Metal

Equipment

- Heat Resistant Dishes
- Jugs
- Bottles
- Funnels
- Coffee Filters
- Cheesecloth
- Blender
- Rubber Tubing
- Paper Towels
- Rubber Gloves
- Gas Can
- Tape/Clamps
- Hotplate
- Strainer
- Aluminum Foil
- Propane Cylinder (20-lb)

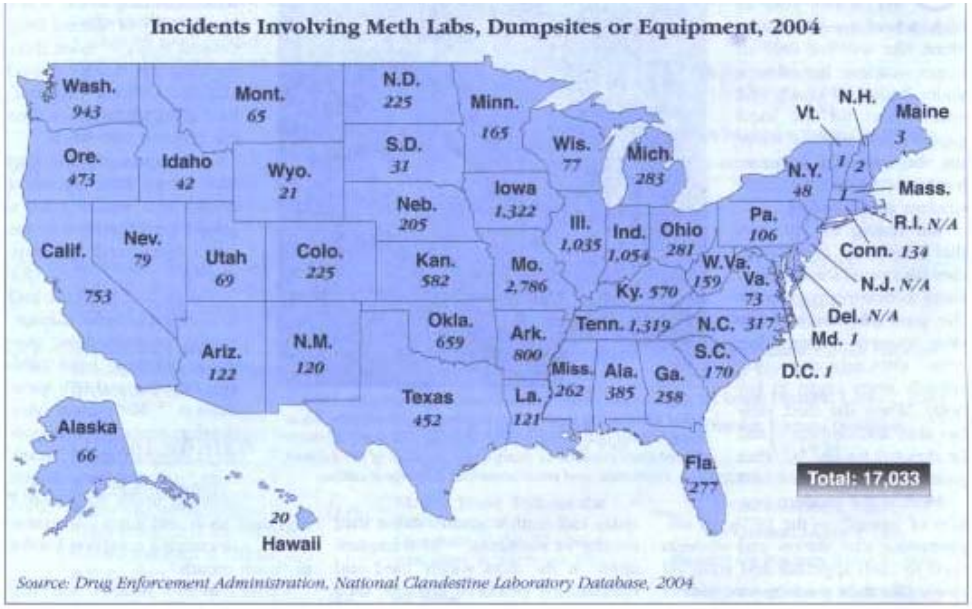
One most common methods for local production of methamphetamine has been termed the "Nazi Method." The Nazi method does not require extensive knowledge of chemistry or sophisticated laboratory equipment and is faster than the pseudoephedrine reduction method. Small quantities

[45] http://www.stopmeth.com/made.htm (last visited September 27, 2005).

of methamphetamine--usually a pound or less--with purity levels of 90 percent can be produced in less than an hour using this method.[46]

The availability of anhydrous ammonia is a key factor in determining whether or not the Nazi method of production becomes popular in a given area. The Nazi method utilizes chemicals that can be readily purchased in any large department store. Pseudoephedrine, the precursor chemical utilized, is readily available in over-the-counter cold medications. Starter fluid, lithium batteries, and drain cleaner are all ingredients used in the Nazi method of producing methamphetamine. Anhydrous ammonia, also a necessary chemical, is a common fertilizer that is readily available.

Location of Meth Labs



Graphic location: http://www.chpa-info.org/web/advocacy/federal_advocacy/CQ_Press_Meth.pdf.

Illegal Trafficking of Methamphetamine

Drug seizure data indicate that methamphetamine smuggling from Mexico into the United States via the Arizona-Mexico border appears to have increased significantly. The amount of methamphetamine seized at or between Arizona POEs has increased from 168 kilograms in 2001, to 313 kilograms in 2002, and 640 kilograms in 2003.[47] In fact, the amount of methamphetamine

[46] http://www.usdoj.gov/ndic/pubs0/666/meth.htm
[47] See http://www.usdoj.gov/ndic/pubs11/12620/meth.htm (last visited September 20, 2005).

seized at or between POEs in Arizona in 2003 exceeded seizures at or between POEs in California (593 kg), Texas (484 kg), and New Mexico (16 kg).[48]

The sharp increase in the amount of methamphetamine seized at or between POEs in Arizona is more likely an indication of an overall increase in methamphetamine smuggling from Mexico into the United States than a shift in smuggling routes in favor of Arizona POEs rather than California, New Mexico, or Texas POEs. Data shows that since 2002--the year law enforcement reporting indicates methamphetamine production began to increase significantly in Mexico--methamphetamine seizures at or between POEs in California and Texas increased sharply, although not to the extent of the increases in Arizona. From 2002 to 2003 seizures at or between POEs in California and Texas increased from 478 to 593 kilograms and from 305 to 484 kilograms, respectively.[49] Methamphetamine seizures at or between POEs in New Mexico were much lower than the other states along the U.S.-Mexico border in 2002 (33.53 kg) and 2003 (16.15 kg).[50]

Distribution

Ice methamphetamine distribution has increased significantly since 2001 in many of the largest domestic methamphetamine markets. Law enforcement reporting indicates that ice distribution has increased sharply in Honolulu, Houston, Denver, Los Angeles, Phoenix, San Diego, San Francisco, Seattle, and St. Louis since 2001.[51] In some methamphetamine markets ice is now considered the preferred form of the drug, supplanting powder methamphetamine as the predominant type. For example, DEA and HIDTA reporting indicate that ice methamphetamine now is the type most often distributed locally in Phoenix and San Diego, two of the Primary Market Areas (PMA) for methamphetamine.

Ice distribution has increased in these cities because of a sharp increase in ice production and distribution by Mexican criminal groups seeking the higher profit margins associated with ice distribution.

Toxic Clean-up: A Unique Meth Problem

In the struggle against the spread of methamphetamine abuse an unprecedented dilemma that has arisen for law enforcement in the hazardous waste caused by the neighborhood "mom and pop" labs. For each pound of meth produced, 5 to 6 lbs. of hazardous waste are generated, posing immediate and long-term environmental health risks.[52] Frequently, the risk to the local, neighborhood community presents an exigent circumstance, especially in respect to potential explosions and fires that demand an immediate response. Moreover, the financial strain placed on rural communities in cleaning up these labs, before applying for federal assistance, often overloads their budgets.

There are primary federal programs to clean a meth lab: two involve the Environmental Protection Agency (EPA), and the other involves the Drug Enforcement Administration (DEA).

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[48] Id.
[49] Id.
[50] Id.
[51] Id.
[52] See http://www.drugfree.org/Portal/DrugIssue/Meth/meth_affects_community.html (last visited September 1, 2005).

A) Clean-up by EPA Alone

An individual, a local government, or a state or regional entity, can notify EPA about a possible meth lab.[53] The Agency will study the site and its findings will help steer the next actions to be taken. For example, under the Comprehensive Environmental Response, Compensation, and Liability Act (P.L. 96-510, also known as CERCLA or Superfund), EPA can respond directly when a pollutant or contaminant may present an imminent or substantial danger to public health or welfare. Most STL's do not rise to this level, however, and other actions may be taken.[54]

Clean-up and Remediation Procedures

Clean-up and remediation efforts necessitate special training and equipment. Currently, there are no uniform clean-up or remediation procedures. This is an area in which a comprehensive federal strategy would be able to supplement and guide local activity. The clean-up process typically includes one or more of the following measures: removal of contaminated items which cannot be cleaned (this may involve outdoor as well as indoor items, such as soil, water, carpeting, and wallboard); ventilation; chemical neutralization of residues; washing with appropriate cleaning agents; encapsulation or sealing of contaminants; providing alternate water supplies; and/or controlling access to the site with fencing and signs. Extremely contaminated structures may require demolition, especially if clean-up and remediation costs are projected to exceed the commercial value of the structures.

B) Local or State Clean-up with EPA Reimbursement

The severe health threat that results from these hazardous, toxic materials often limits the options of local enforcement. A local or state government can choose to clean a meth lab site, paying for costs by itself. The local or state government then can apply to EPA for reimbursement under Section 123 of CERCLA, via the Local Governments Reimbursement Program. Reimbursement is limited to $25,000 per incident. The numbers of reimbursements and dollar totals are shown in **Table 1**.[55]

Remediation

While the decision to clean a meth site is aided by the availability of EPA and DEA funds for clean-ups, the decision to remediate a meth site may be more difficult. Neither EPA nor DEA funds are available for remediation, an additional clean-up that is necessary in order to make a facility commercially or domestically habitable. An owner of a contaminated private property, e.g., an apartment building or a motel, needs to decide whether remediation is sensible, especially where the remediation cost exceeds the value of the property. An owner may seek financial assistance for remediation from local or state governments which need to decide whether to remediate or simply restrict access to a contaminated public or private area.

There are currently no federal guidelines or standards governing clean-up or remediation processes. While the goals for a clean-up are relatively straightforward: ensuring that sufficient evidence has been procured for successful prosecution and imminent hazards, such as explosions

[53] See http://www.epa.gov/superfund/programs/er/nrs/nrsworks.htm; http://www.nrc.uscg.mil/nrcback.html (last visited August 31, 2005).
[54] *Federal Register*, vol. 63, no. 32, February 18, 1998, pp. 8284-8291. See http://frwebgate5.access.gpo.gov/cgi-bin/waisgate.cgi?WAISdocID=651164320413+0+0+0&WAISaction=retrieve (last visited August 31, 2005).
[55] See http://www.epa.gov/superfund/programs/er/lgr/index.htm (last visited August 31, 2005).

or fires, have been eliminated. On the other hand, the final objectives for remediation are less clear. As mentioned earlier, EPA and DEA funds previously described are for clean-ups only. However, no EPA or DEA funds are available for remediation. Basically, the entire responsibility for deciding whether or not to assist in returning private property to a safe and usable state is left to financially strained local and state authorities. As a result, unfortunately, many previously valuable parcels of real estate are rendered valueless and abandoned to demolition.

Table 1. United States EPA Local Governments Reimbursement Program Clandestine Meth Lab Reimbursements, as of May 11, 2005

Fiscal Year	Number of Reimbursements	Total Dollars Reimbursed	Dollars Per Reimbursement
2002	20	$36,043.09	$1802.15
2003	12	$37,002.70	$3083.56
2004	9	$19,189.05	$2132.12
2005 (to date)	7 (to date)	$15,425.55 (to date)	$2203.65 (to date)
TOTAL	**48**	**$107,660.39**	**$2,242.92**

C) Clean-up by DEA

One of the options for local and state enforcement is to contact the DEA. DEA has taken responsibility for cleaning meth lab sites, without the need for upfront payment by state or local governments. The average cost per site generally has been decreasing, largely because of increasing clean-up efficiency resulting from increasing levels of expertise. The numbers of sites and dollar totals are shown in **Table 2**.[56]

Table 2. United States DEA Meth Lab Clean-ups and Costs, as of June 17, 2005

Calendar Year	Number of Sites	Total Dollars Spent	Dollars Per Site
2002	7,534	$21,720,000	$2,883

[56] Id.

2003	8,837	$16,950,000	$1,918
2004	10,037	$18,935,000	$1,887
2005 (to date)	4,684 (to date)	$9,615,000 (to date)	$2,053 (to date)
TOTAL	**31,092**	**$67,220,000**	**$2,162**

Current DEA Activities

The most recent enforcement operations highlight the rapid growth of illegal methamphetamine production and distribution. As announced on August 30, 2005, "Operation Wildfire," billed as the first nationally coordinated investigation to target methamphetamine, resulted in more than 400 arrests and the dismantling of 56 clandestine drug laboratories nationwide. Police and drug agents found 30 children in the makeshift labs when they were raided.[57]

DEA's Clandestine Laboratory Training

Beyond specific enforcement activities the DEA has also initiated a number of other programs. In response to the spread of labs across the country, more and more state and local law enforcement officers require training to investigate and safely dismantle these labs. Since 1998, the DEA has offered a robust training program for its state and local partners. The DEA, through its Office of Training, provides basic and advanced clandestine laboratory safety training for state and local law enforcement officers and Special Agents at the DEA Clandestine Laboratory Training Facility.

Such training by federal authorities is an obvious means by which to support state and local enforcement agencies. The DEA has trained more than 8,600 state and local law enforcement personnel (plus 1,900 DEA employees), since 1998, to conduct investigations and dismantle seized methamphetamine labs and protect the public from methamphetamine lab toxic waste.[58]

The Office of Training also provides clandestine laboratory awareness and "train the trainer" programs that can be tailored for a specific agency's needs, with classes ranging in length from one to eight hours. Additionally, DEA provides in-service training and seminars for law enforcement groups, such as the Clandestine Laboratory Investigator's Association and the International Association of Chief's of Police, and have provided training to our counterparts in other countries regarding precursor chemical control, investigation and prosecution. This DEA training is pivotal to ensuring safe and efficient clean-up of methamphetamine lab hazardous waste.

DEA Hazardous Waste Clean-up

[57] Eggen, Dan, "400 Arrested in U.S. Methamphetamine Raids," *Washington Post*, August 31, 2005.
[58] Testimony of Timothy J. Ogden, Associate Special Agent in Charge of Chicago Field Division, Drug Enforcement Administration, on June 27, 2005 at Subcommittee on Criminal Justice, Drug Policy and Human Resources hearing entitled: "Fighting Meth in America's Heartland: Assessing the Impact on Local Law Enforcement and Child Welfare Agencies."

When a federal, state or local agency seizes a clandestine methamphetamine laboratory, EPA regulations require that the agency ensure that all hazardous waste materials are safely removed from the site. In 1990, DEA established a Hazardous Waste Clean-up Program to address environmental concerns arising from the seizure of clandestine drug laboratories. This program promotes the safety of law enforcement personnel and the public by using qualified companies with specialized training and equipment to remove hazardous waste. To aid in environmentally sound clandestine drug laboratory clean-up, DEA has enlisted the services of the private sector. Private contractors provide hazardous waste removal and disposal services to DEA, as well as to state and local law enforcement agencies.

DEA's hazardous waste program, with the assistance of grants to state and local law enforcement, supports and funds the clean-up of a majority of the laboratories seized in the United States. Just in FY-2004, the DEA administered 10,061 state and local clandestine laboratory clean-ups at a cost of $18.6 million.[59]

Demand Reduction Efforts

The DEA is aware that Demand Reduction is an important aspect in law enforcement's fight against methamphetamine. The DEA's Demand Reduction Coordinators are Special Agents who work all around the nation to raise awareness about the dangers of methamphetamine. These Special Agents bring law enforcement experience and expertise to communities dealing with the full range of methamphetamine issues, including small toxic labs, the health consequences of methamphetamine, community anti-methamphetamine initiatives, and legal penalties for methamphetamine production and trafficking.

Victim Witness Assistance Program

More than any other controlled substance, methamphetamine trafficking endangers children through exposure to drug abuse, neglect, physical and sexual abuse, toxic chemicals, hazardous waste, fire, and explosions. In response to these tragic phenomena, the DEA has enhanced its Victim Witness Program to identify, refer, and report these incidents to the proper state agencies. Each of the DEA's Field Divisions has a Victim/Witness Coordinator to ensure that all endangered children are identified and that each child's immediate safety is addressed at the scene through coordination with child welfare and health care service providers.

Current High Intensity Drug Trafficking Area (HIDTA) Activities

The HIDTA program, in its ability to coordinate and communicate with federal, state and local law enforcement officials, is in a unique position on a national level. The collection of multi-agency leaders participating on individual HIDTA boards, individual task force boards and/or oversight committees allows for current information and trends to be shared on the growing concerns and dangers of methamphetamine production, distribution, and use. The HIDTA program supports the National Methamphetamine Chemicals Initiative (NMCI). The work of the NMCI includes the coordination of law enforcement efforts, intelligence sharing, and training with regard to chemicals used in the manufacture of methamphetamine. NMCI is also playing a key role in developing and institutionalizing the National Clandestine Laboratory Seizure System (NCLSS).

[59] Id.

Nationally, the latest survey indicates there are 211 HIDTA task forces across the nation with 5,321 officers representing 34 states and territories who, in addition to other duties, are substantially involved in enforcement efforts regarding the distribution and/or manufacturing of methamphetamine.[60]

Community Coalition Activities

Countless state and local community initiatives have arisen throughout the country. The particular effect of meth on rural communities joined with the local producer's need to gain access to precursor chemicals via legitimate consumer distribution channels sets the stage for significant contributions to be made by community, volunteer coalitions.[61]

By raising awareness to the signs of neighborhood methamphetamine production community members are empowered to support and assist state and local law enforcement. At the same time, active citizen participation is self serving in its effective prevention of the explosions, fires, and exposure to hazardous materials that commonly result from neighborhood meth production.

Besides community oriented programs, another form of cooperation is being developed with retailers of pseudoephedrine. As mentioned above, "Meth Watch" is designed to help curtail the theft and suspicious sales of pseudoephedrine products, as well as other common household products used in the illicit manufacturing of methamphetamine in small, toxic labs.[62] A central goal of this program is to promote cooperation between retailers and law enforcement to prevent the diversion of legitimate products for illegal use.

Meth Watch was started in Kansas as a public-private partnership between the Kansas Department of Health and Environment, the Kansas Bureau of Investigation, the Kansas Methamphetamine Prevention Project (part of the non-profit statewide drug prevention system), and Kansas retailers. As news spread of its success, several states began to adopt the Kansas model. Many more expressed interest, but were deterred by the lack of resources and know-how.

State Laws Dealing with Methamphetamine

State boards of pharmacy regulate the practice of pharmacy, and state law enforcement agencies oversee state controlled substances laws. While states are not permitted to enact laws in these areas that are less strict than federal law, states may pass laws that are stricter, and several states have done so recently aimed at cold medications that contain pseudoephedrine. Most of these new laws have established additional sales restrictions on such medications, including requiring these drugs to be placed behind the counter, limiting the amount that can be purchased in a single transaction or over a specified period of time, requiring customers to provide identification and a signature upon purchase, and placing such drug products on the schedule of controlled substances, thus effectively eliminating sales by non-pharmacy retail stores.

The first state to establish such restrictions was Oklahoma, which, in 2004, enacted a new law designed to crack down on the illegal production and abuse of methamphetamine in the state. Under the new law, Oklahoma added drug products containing pseudoephedrine -- except for

[60] Testimony of John Sommer, Director, Ohio High Intensity Drug Traffic Area, on August 23, 2005, at Subcommittee on Criminal Justice, Drug Policy and Human Resources hearing entitled: "Law Enforcement and the Fight Against Methamphetamine: Improving Federal, State, and Local Efforts."
[61] See http://www.ojp.usdoj.gov/nij/methintf/1.html (last visited September 6, 2005), for more information.
[62] See http://www.methwatch.com/index.aspx (last visited September 12, 2005).

combination products in liquid or gel form -- to its list of Schedule V controlled substances and imposed an array of new sales restrictions, including the following: (1) such drug products may only be sold behind the pharmacy counter by, or under the supervision of, a licensed pharmacist or registered pharmacy technician; (2) individuals who purchase such drug products must provide photo identification and must sign a written log of the transaction; and (3) in the absence of a prescription, individuals may not purchase more than 9 grams of such products within any thirty-day period.[63]

Multiple states have followed Oklahoma's lead. At least twelve states have enacted laws that place sales restrictions on cold medications, including Arkansas, Georgia, Illinois, Iowa, Kansas, Kentucky, Mississippi, Oregon, South Dakota, Tennessee, West Virginia, and Wyoming, and legislation has been proposed in at least 20 other states.[64]

In addition, out of concern about the theft of cold remedies and in search of a uniform sales policy in the face of differing state requirements, several national chain stores that sell drugs containing methamphetamine precursor chemicals have voluntarily adopted new practices with respect to these products. For example, Wal-Mart intends to require customers to show identification and provide a signature before purchasing such medicines, and Walgreen's and Kmart limit the number of packages that can be purchased in a singe transaction. Likewise, Target plans to remove certain products from shelves in stores without a pharmacy and to move the drugs behind the counter in stores with pharmacies.[65] Meanwhile, drug manufacturers, who are fearful of reduced profits in the wake of new sales restrictions, are reportedly investigating how to develop alternative drug products that cannot be as readily converted into methamphetamine.[66]

Current Federal Proposals

Members of both the House and the Senate have introduced at least 25 bills relating to methamphetamine; of these, some are quite large and comprehensive in the range of issues addressed, while others are focused on discrete aspects of the meth problem. The proposals contained in these bills may be classified into four broad categories: first, strengthening the national and international regulation of precursor chemicals (such as pseudoephedrine) to prevent their being diverted to meth production; second, toughening criminal penalties against meth traffickers; third, measures to improve environmental responses to meth lab pollution; and fourth, federal financial and material assistance to state and local agencies to assist them in addressing meth trafficking and abuse.

The bills proposing to tighten regulation of precursor chemicals have gathered the most attention during the 109th Congress, most notably the "Combat Meth Act" (H.R. 314 / S. 103) which would put pseudoephedrine and ephedrine on Schedule V of the Controlled Substances Act. This would have the effect of putting all products containing such chemicals behind the counter, would restrict the normal authorized sellers to pharmacies only, and would require customers to present identification and sign a log when purchasing such products. Other bills propose restrictions targeted at the import, export, and wholesale distribution of pseudoephedrine products (such as

[63] 63 Okl. St. § 2-212.
[64] Copeland, Larry, "States Limiting Sales of Cold Remedies," *USA Today*, April 26, 2005, at 1A; Lois Romano, "Cold-Medicine Curbs Cited in Drug Effort,";" Number of Oklahoma Meth Labs Drops Sharply", *Wash. Post*, Feb. 19, 2005.
[65] Webb Pressler, Margaret. "Retailers Restrict Some Cold Medicines"; "Ingredient Can be Used to Make Meth," *Washington Post*, May 14, 2005, at A01. Copeland, *supra* note 19.
[66] Roosevelt, Margot. "The Cold-Pill Crackdown," *Time*, Feb. 7, 2005.

H.R. 1446), while other propose addressing the international production and distribution of precursor chemicals.

Several bills would tighten criminal penalties for meth trafficking offenses. For example, H.R. 1395 would impose a 20 year mandatory minimum penalty for persons convicted of manufacturing meth where children reside, while H.R. 3513 would lower the threshold amounts of meth that trigger various penalties under the federal drug laws. H.R. 3756 would impose tougher penalties for manufacturing meth on federal lands (such as national parks and national forests).

A number of bills address the environmental aspects of meth trafficking. H.R. 13 (the "CLEAN-UP Meth Act") would require the Environmental Protection Agency (EPA) and the Department of Transportation to designate meth lab by-products as hazardous waste. H.R. 798, which was passed by the House Science Committee, would fund research into the true environmental effects of meth manufacture.

Finally, a number of bills propose new ways for the federal government to assist state and local efforts (whether in the fields of law enforcement, child protective services, treatment and prevention, or environmental cleanup) against meth. Most take the form of grants specifically designed to fund anti-meth activities; examples include the Combat Meth Act (H.R. 314 / S. 103), the CLEAN-UP Meth Act (H.R. 13), and H.R. 1446. While these grant programs are necessary to allow overburdened state and local agencies to deal with the tremendous social cost of meth manufacturing, trafficking, and abuse, Congress needs to balance this need against its responsibility to ensure that the federal government does not simply subsidize activities that should be funded at the state and local level.

Key Quotes on Meth

"In terms of damage to children and to our society, meth is now the most dangerous drug in America." Attorney General Alberto Gonzalez in a July 18, 2005, speech to district attorneys.[67]

"Meth has spread like wildfire across the United States. It has burned out communities, scorched childhoods, and charred once happy and productive lives beyond recognition."
Karen Tandy, August 31, 2005.[68]

"There is no drug that has more consequences than meth - for the abuser, for the trafficker, for the environment, for communities and for the innocent children who live in filth and neglect," DEA Administrator Karen P. Tandy.[69]

"Seeing methamphetamine in an area like Severna Park, Maryland, is a wake up call to the Washington Metropolitan area that--make no doubt about it--meth is here," stated Shawn A. Johnson of DEA's Washington Division.[70]

"The scourge of methamphetamine demands unconventional thinking and innovative solutions to fight the devastation it leaves behind," Attorney General Alberto Gonzales said in announcing the administration's new meth proposals.[71]

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[67] Jefferson, David J., "The Meth Epidemic – Inside America's New Drug Crisis," *Newsweek* cover story, August 8, 2005.
[68] Eggen, Dan, "400 Arrested in U.S. Methamphetamine Raids," *Washington Post*, August 31, 2005.
[69] Seper, Jerry, "Raids Net 209 Pounds of Meth; 427 Arrested," *Washington Times*, August, 31, 2005.
[70] See http://www.usdoj.gov/dea/pubs/states/newsrel/wdo082205.html (last visited August 30, 2005).

"Meth is the most destructive, dangerous, terrible drug that's come along in a long time." According to Scott Burns, Deputy Director for State and Local Affairs, White House Office of National Drug Control Policy.[72]

"Meth is an epidemic and a crisis unprecedented." Deputy District Attorney Mark McDonnell, head of narcotics in Portland, Oregon.[73]

"It is a scourge on society, especially here in Oklahoma."[74] June 22, 2004, Carey Rouse of the Duncan, Oklahoma, Drug Task Force.

"There's no time to do marijuana. There's no time to do cocaine, heroin, all those other drugs. Methamphetamine is so prevalent. One of the local police chiefs said in a recent interview that you're more likely to find methamphetamine in someone's pocket than chewing gum."[75] Det. Cpl. Jake Grellner, Franklin County, Missouri, Drug Task Force, on *60 Minutes Wednesday*, CBS, March 2, 2005.

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[71] Brogan, Pamela, "Bush Proposal to Fight Meth Falls Flat," *Statesman Journal*, August 23, 2005.
[72] See http://www.cbsnews.com/stories/2005/07/15/national/main709458.shtml (last visited September 12, 2005).
[73] Brogan, Pamela, "Bush Proposal to Fight Meth Falls Flat," *Statesman Journal*, August 23, 2005.
[74] "Farmers Fight Fertilizer Rustlers," *CBS*, June 22, 2004.
[75] "Cold Meds: A Rural Drug Epidemic," *CBS*, March 2, 2005; See http://www.cbsnews.com/stories/2005/03/01/60II/main677228.shtml (last visited August 30, 2005).